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ORIGINAL DEPARTMENT.

Communications.

ON DISEASES OF THE INTERNAL EAR.*

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(Continued from page 121.)

Nervous Hardness of Hearing.

c. *Dysecoia Anæmica*.

This anæmic form of nervous hardness of hearing comes on either with an otherwise normal condition of the circulatory system in an acute manner, and as the result of serious loss of blood, as after severe epistaxis, or more frequently after hemoptisis or bloodletting, or it comes on chronically with evidences of disease of the whole vascular system in the form of anæmia, with or without chlorosis, and accompanying disturbance of innervation.

The diagnosis is made tolerably easy by our having regard to the anæmiasis and the general state of the system. The hearing does not present any peculiar symptoms, the humming is always present, speech is tolerably well understood, and the increase of the malady is progressive.

The acute form is oftenest seen in men, the constitutional or chronic form is found in women almost exclusively, and generally comes on with the commencement of puberty, resembling therefore the hysteric. In this chronic form we find later an anæmia of the entire organ; the ear cartilage is white, lifeless, with impeded venous circulation, the external meatus white, the cerumen wanting, the membrana tympani anæmic, and in a few cases otorrhœa.

The prognosis in the acute or local form is very favorable, in the chronic or constitutional form extremely unfavorable.

The acute case has already been described; in it the hardness of hearing occurred as the result of a severe epistaxis, and yielded to a tonic treatment. I saw another case in Eberfield in the

year 1852, that of a phthisical patient who had become affected with anæmic hardness of hearing in consequence of a severe hemoptisis; and in Cologne, in 1854, a childless woman of about 30 years of age consulted me, who had been bled by a barber for headaches and palpitation of the heart sixteen times in eight years, notwithstanding her manifest chlorotic symptoms. A strong tonic treatment, iron baths, and internal use of tinct. ferri pomati and red wine, improved her general health, and at the same time her hardness of hearing.

In the chronic form of constitutional anæmia, all my therapeutical attempts have been without satisfactory results; and, generally, such cases can bear very little iron, for it seems to be too exciting.

I have frequently seen this form in females, and sometimes it appears hereditary in several sisters. It is of different grades, but always becomes worse. I have, however, arrested its progress, and I have also observed a lessening in the hearing distance both before and after the use of therapeutical agents, when for many years it had remained stationary. I obtained this benefit by a long-continued use of stimulating applications, alcoholic and ointments, to the neighborhood of the external ear, with the exception of the external meatus. These are the only cases in which the application of dry warmth is indicated.

d. *Dysecoia Plethorica*.

Finally, this form is the opposite of the preceding. Here also we distinguish a somewhat acute form, in which there is discovered a definite relation to the suppression of secretions to which the organism was accustomed, and a form which comes on chronically, in which there is a general plethora of the whole organism, an excessive production of blood. I will let facts speak in illustration of these observations.

I became acquainted with an officer, and subsequently in Berlin, with a schoolmaster, who had a diminished conduction of the bones of the head, and yet a tolerably great hearing distance for the watch, who, however, complained of humming and loss of hearing, but whose hearing improved on both sides on the occurrence of

* From Erhard.—Rationelle Otistik nach klinischen Beobachtungen bearbeitet. Erlangen, 1839.

diaphoresis, for then, all at once, they heard the cylinder-watch from the bones of the head. How can this be explained, except on the supposition of a congestion of the nervous tunic, caused by insufficient perspiration?

An official of this place, who consulted me, had complained for some time of humming in the ear and loss of hearing, with diminished conduction by the bones of the head, and also of a rush of blood to the head and slight palpitation of the heart on the least exertion.

At first I considered it a case of ordinary hyperæmia catarrhalis, but my treatment produced no result. I afterward, however, discovered that the patient had suffered some years previously from bleeding piles, which had ceased for some time. I then directed my treatment to their re-establishment, by recommending active exercise, light diet, succulent fruit, and the use of flowers of sulphur. In three months the patient felt his head freer, the heats and the rush of blood to the head, and the palpitations disappeared, and in place appeared pains in the loins and indications of bleeding hemorrhoids, and the power of hearing watches improved, the humming diminished, and bony conduction increased.

Likewise, in this connection, must be mentioned the case of a robust but bloated landed proprietor, whose hearing steadily improved after blood-letting, and in whom the cause of the malady was a plethoric condition of the system.

If, now, through the long continuance of a reflex hyperæmia of this kind, it becomes converted into a purely local affection, so that even the removal of the primary affection (the return of the normal secretions and excretions) produces no amelioration in the affection of the ear, I have then ordered, as having the best chance of success, counter-irritation and derivation to the nape of the neck, as has been already described, and the rubbing in of digitalis ointment. Chance sometimes unexpectedly produces improvement, when rational therapeutics seem insufficient. I must also mention that among other things a sudden suppression of customary epistaxis is also the ground of such local plethora of the organ of hearing.

We come now to the last species of peripheric nervous deafness, which is distinguished negatively from all the preceding, in that, in it there is an absence of any rational starting point or hypothesis.

e. Dynamical Nervous Deafness.

Suppose we are consulted by some one for hardness of hearing, the condition of his general health and vital functions being in an enviably

normal state, who has never complained of pains in the ear, or in the neighborhood of it, nor of humming, and could discover no appreciable cause for his hardness of hearing. A physical exploration shows a loss of bony conduction and a corresponding lessened hearing distance for watches, increasing with the malady. The hardness of hearing is continually increasing, and is not influenced by any treatment. Speech is also understood at the hearing-distance for watches, for all the functions necessary for understanding speech are in a sound state. Neither is the sound of the voice changed. The, in other cases, deficient cerumen is in normal quantity and quality, the meatus normal, the membrana tympani thin, transparent, and impressible, and the Valsalvan examinations easily, and with evident motion of the membrana tympani, accomplishable.

What else can such symptoms indicate but an increasing anaesthesia of the peripheric nervous filaments in the nervous tunic, with complete integrity of its capillary system? A case, therefore, of true nervous deafness, or even an atrophy or a fatty metamorphosis of the nerve-terminations. This gradual death of the auditory, unfortunately in general, occurs on both sides; in 1100 cases of diseases of the ear I observed it only 54 times, making about 5 per cent., of which there were only 7 cases in which only one side was affected.

The prognosis is extremely unfavorable; I have never obtained even temporary benefit from any therapeutical means whatsoever, whether spirituous rubbings into the neighborhood of the ear, or stimulating inhalations into the tympanum, or general treatment by several methods; nor have I ever seen a spontaneous amelioration. The only consolation that the patient has, is that he is not troubled with humming.

In order to do something, we may try anything that will not injure the general health; but the organ of hearing must be let alone. It is possible that a galvanic current might do good.

Whilst I have seen many cases in which there appeared a connection between peripheric nervous hardness of hearing and other organs, and in which the hardness of hearing improved with the disappearance of the primary affection, I have never yet seen such a course of events in the various forms of acoustic deafness.

Induration of the tympanic membrana frequently attacks anæmic individuals, but the anæmia in these cases has no connection with it. We find in scrofulous and cachectic individuals very frequent chronic catarrhs of the external meatus and the membrana tympani, but the best possible general treatment of the scrofulous and

cachectic condition avails nothing without special local treatment. This is the difference between acoustic and nervous deafness in their therapeutic relations.

Excessive Sensitiveness of the Auditory Nerve.

Sometimes we observe, not only in hard-of-hearing people, but also in normal-hearing people, an excessive sensitiveness, so that violent sounds, especially when the individual is taken unawares by them, give cause to reflex-sensations and motions of various kinds. We most frequently find this in hysteric-nervous subjects, as has already been stated, and also in women after delivery, after sudden loss of blood, in broken-down nervous systems, and in convalescents, and finally, in nervous fever, typhus, etc.

As regards the treatment, we must first discover whether the symptoms may be caused by the presence of some foreign body in the meatus, and if not, then we must seek if there can be discovered some portion of the organism from which reflex disturbance may proceed, and then, if we do, we may institute the appropriate therapeutic treatment. In the case of congestion of the organ, we should practice local bloodletting, in all other cases, we should conduct the treatment on general principles, and a strengthening regimen is generally advisable.

With the acuteness of hearing which ensues after paralysis of the stapedius muscle, this hyperæmis has nothing in common, and is distinguished from it by the fact that it always affects both ears, whilst the former, on the contrary, only affects one ear, and is accompanied also with paralysis of the facial nerve.

2. Basilar Nervous Deafness.

I have fully described the internal connection of the meninges with the auditory nerve in its course along the base of the brain, and have given my anatomico-pathological conjectures thereon.

The characteristic of basilar nervous deafness is the accompaniment of symptoms which indicate the existence of a morbid action in the meninges, or, at least, to their preceding existence.

I distinguish three conditions: chronic hyperæmia, acute inflammation with exudation, and hemorrhage.

Hardness of hearing and humming, and, to a certain extent, deafness, come on in congestion of the meninges, as is seen in typhus, for bony conduction is abolished in this hardness of hearing, which generally spontaneously disappears with the disappearance of the congestion, but sometimes, probably owing to the formation of adhesions, remains. The facial is less affected

hereby, inasmuch as it is almost entirely covered by the auditory nerve, on whose upper margin it runs like a groove.

In addition to cases of typhus, several other cases have come under my notice, in which hardness of hearing was produced by chronic inflammation or congestion of the meninges: in the first case, the patient complained of pains in the head; in the last, less of pain than of a feeling of dulness, uneasiness, oppression, and general malaise and weight in the head. An antiphlogistic treatment alleviated simultaneously these symptoms, and the hardness of hearing and humming.

EXAMPLE.

A hotel keeper of this place, of 53 years of age, had gradually lost his hearing thirteen years before, experiencing humming at the same time, and six weeks before had had a slight epileptic attack, which caused a rapid deprivation (of hearing.) Owing to his plethoric constitution, I considered venesection as indicated, and after it, his head was freer and his hearing better. Eight days afterward I applied eight cups to the nape of the neck, which caused still further improvement, and after that, he took for a long time, and with good results, nitrate of potass. and sulphate of magnesia.

A country-woman of 46 years of age, was brought to me, whose features and bloated figure indicated a much greater age. She had been acoustically hard of hearing from childhood, owing to a chronic catarrh of the membrane of the tympanic cavity on both sides, but she had, in the last few years experienced a considerable increase of the hardness of hearing, with accompanying dizziness, weight in the head and in the limbs.

The diagnosis showed complete interruption of the bony conduction, and, according to my conviction, congestion of the meninges. I ordered, at first, to each ear four leeches, with a strong after-bleeding, (*i. e.*, of the leech-bites,) and the good results were immediately manifested, for the patient felt lighter, her motionless features became animated, and the humming disappeared; thereupon eight cups were ordered to the nape, and this was repeated three times, at an interval of eight days, each time to the advantage of the patient. I afterward discontinued the blood-takings, and retained the acquired improvement by the application, for a long period, of empl. canth. comp. to the nape.

Basilar nervous hardness of hearing which comes on after an acute inflammation of the meninges, with formation of exudation, should not cause any difficulty in diagnosis, for the violent

pain joined to the symptoms of meningitis, and the tolerably swift commencement of a considerable impairment of the hearing, are sufficiently characteristic. Besides this, the facial nerve is very seldom paralyzed in these cases, as the exudation, according to the laws of gravity, falls down, and acts therefore only on the auditory nerve, and not on the facial, which is concealed in its superior portion. We see, however, a simultaneous paralysis of the auditory and facial after the meningitis of scarlatina, which undoubtedly have their origin from this cause.

If our assistance is not obtained till later in the case, when the exudation has become, as it were, a substantial part of the organism, we could not then obtain much good from any treatment, owing to the unattainability of the exudation.

On the contrary, we sometimes find in medical journals, especially in French, clinical cases described of simultaneous occurrence of one-sided paralysis of the auditory and facial, and their therapeutical cure. But if we read attentively the description of their commencement, we find that both commenced abruptly, without pain, after a severe cold, which is a sufficient ground for considering the cause to be a hemorrhage or extravasation, and not to have its seat in the aqueduct, since there all communication with the auditory nerve ceases. The hemorrhage can only exist at the point where the two nerves run, not opposite to, but, alongside of each other, and especially at the point in this course where the meninges are most rich in blood. This is at the point of exit of the two nerves from the pons variolii, for, just there an appendix of the meninges goes off through the small fissure of the brain to the fourth ventricle, and covers it, (plexus choroideus of the fourth ventricle.) This is the spot at which hemorrhage is most likely to occur.

CITRIC ACID IN PHOSPHATIC GRAVEL.

By FLINT L. KEYES, M.D.,

Of Jerseyville, Canada West.

Mrs. M. R., aged 30, of Brantford, called at my office on the 21st of May, 1850. Stated that she had been afflicted for three years past with gravel; for the last few months had been much worse; the pains had been more severe in the back, also along the course of the left ureter; partial incontinence of urine. She compared her pains to those of labor. On voiding her urine, large quantities of blood was expelled with it. At each attack was confined to her bed for several days. She produced seven or eight scales of

phosphatic gravel of various sizes, thin, flat, and irregular in shape; edges rough, some points sharp, wounding the ureter in their passage, causing profuse hemorrhage. Two or three of the largest pieces measured four lines in width, and five, to five and a half lines in length. Was attended most of this time by her family physician; latterly, had made excursions to neighboring towns and cities, to obtain other medical advice, to no effect. The attacks varied from two, to three, and four weeks; during the intervals, was quite weak from loss of blood and pain endured at these paroxysms. Had taken considerable medicine; could not give any satisfactory account of the medicine prescribed by her medical advisers.

From the character of the gravel which was produced by this lady, it was quite evident that an acid treatment would be the only treatment to be relied upon for any benefit, either temporary or lasting. Not knowing what medicines had been used, only that they had signally failed to fulfil their intention, I concluded to give citric acid a trial, although all vegetable acids are condemned by various medical writers in phosphatic concretion, etc., from the fact of their being decomposed in the system, forming carbonic acid, thus tending to increase the mischief. This undoubtedly is true of most vegetable acids.

R. Acidi citrici, $\mathfrak{z}\nu$.

Decoct. cort. aurant., $\mathfrak{f}\mathfrak{z}\mathfrak{v}\mathfrak{i}\mathfrak{i}\mathfrak{j}$. M. ft. solutio.

Cujus ægra unum cochleare magnum ter in die sument.

25th. Voided two or three small scales; pain and hemorrhage less than on previous occasions. Medicine to be continued.

30th. No scales discharged since the last call; discovered sandy deposit in the urine after standing. Medicine to be continued.

The sandy deposits gradually disappeared. Medicine was continued for six weeks, although she declared herself quite well, and free from all phosphatic deposit, for days previous to this.

I saw my patient five years afterward, and she stated, that up to that time she had not had the least return of the complaint.

Two things are worthy of notice: *First*, that the disease was suddenly checked by a medicine from which nothing could reasonably be expected, according to the books, except to aggravate the complaint. *Second*, the phosphatic diathesis was completely overcome without resorting to other means. I have not since been favored with a similar case, and cannot therefore determine the peculiar action of the medicine, nor the value to be placed upon it as a therapeutic agent in alkaline concretions in the urinary organs. I should

like to have other medical gentlemen's opinion on the subject, after trial of the medicine.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
Aug., 1865. }

SURGICAL CLINIC BY DR. T. G. MORTON.

Reported by C. R. Morgan.

Carbuncle.

—, *set. 60.* This patient (a female) has a carbuncle situated on the lower lip; rather an unusual place. It produces a terrible deformity, and is extremely painful. The lip is enormously swollen, and of a dark livid hue; the inner surface ulcerated in many places; through which a probe can be passed down deeply into the cellular tissue. The lip is constricted below, as if a string had encircled the base. In this case the entire lower lip is involved. The patient's general condition is below par, and she requires stimulants; iron and quinine. The local treatment consists in free deep incisions, from one angle of the mouth to the other; to be made on the uncovered surface, in order to have the parts free from unsightly cicatrices. There is a considerable amount of hemorrhage following this division, which will give great relief. To the parts will be applied warm water dressings, to favor the separation of the slough.

Progress of the Case. This woman was before you a week ago with carbunculous inflammation of the lower lip, which I freely opened; the hemorrhage, which was considerable at the time of the operation, gave her great relief. The swelling rapidly subsided, and the slough separated in seventy-two hours, leaving a healthy granulating base, and the condition of the parts to-day present almost a natural appearance. The application of a weak solution of nitrate of silver, and a light compress, held to the lip by a strip of adhesive plaster, will promote absorption of thickened tissues, and hasten the cure.

Compound Fracture of the Skull.

—, *set. 22.* This man was admitted Aug. 9th. He attempted suicide by discharging a pistol loaded with shot,—the muzzle being held closely against and immediately over the frontal sinus. When brought into the hospital an extensive lacerated wound was found over the frontal bone, of the size of a silver dollar; both walls of the sinus were fractured and comminuted, and the parts drawn downward, but no wound of the dura mater could be discovered. The trephine was applied, and all the loose and depressed por-

tion removed; the longitudinal sinus was also observed to be uninjured. By closing the nose and mouth, and directing the boy to blow, the air was forcibly thrown through the fractured portion, showing the communication with the nose to be very free. The patient complains of no pain. There was an absence of all symptoms indicative of such an injury. A low diet was ordered, of barley water and milk, and a wet piece of lint applied to the forehead. To-day his general condition is good; pulse 60; no heated skin; faculties perfect, and rests well. We shall continue the same low diet as first ordered, and the wet application to the head. The damages in the case arise from the exposure and bruising of the dura mater. Sloughing will take place; following this a protrusion of the brain-substance known as hernia cerebri, which is almost certainly fatal; or else inflammation, with abscess of the brain, will set in, adjacent to the seat of fracture.

Progress of Case. August 16th. I show you this morning the poor boy with compound fracture of the skull. Since our last meeting the dura mater sloughed, as I anticipated, and we have a fungus of the brain sprouting through the wound of the skull. The amount of brain-substance discharged is almost incredible; more than a teacupfull daily. The large mass you see is the brain, which has been extruded in spite of our compress, and is in a sloughing putrid condition. The arteries of the dura mater and brain have also ulcerated, and continue from time to time to bleed very freely, which is rapidly exhausting him. His mind is wandering, pulse weak, and skin clammy. He has been taking stimulants and beef essence. The prognosis is of course very unfavorable, and he will not probably linger more than two or three days.

JEFFERSON MEDICAL COLLEGE, }
May 24th, 1865. }

SURGICAL CLINIC BY PROF. GROSS.

Reported by William T. Bullock, M. D., of Rhode Island.

Foreign Body in the Nose.

June 28th. Elizabeth S., four years of age. This child pushed a pellet of paper into the nose three months ago. She has an offensive, sometimes bloody, discharge from the nose. Upon looking into the right nostril the foreign body may be seen.

The body is seized by the hooked extremity of the instrument, devised by Dr. Gross, for removing foreign bodies from the ear, and quickly drawn from the nostril.

The usual situation of foreign substances in the nose, is at the anterior part of the nostril, between the septum and the turbinated bone; but in the attempt to remove them, with improper instruments, they are frequently forced further back, rendering their extraction difficult.

Staphyloma.

Elias H., eight years of age. The right eye is larger than its fellow, projecting from its socket. The cornea is thickened and opaque, and projects beyond the sclerotica, while the sclerotic coat itself is attenuated, so as to be almost transparent. The eye being transfixed by a tenaculum, the anterior third is removed by the scissors. Much watery matter escapes upon cutting into the eye. The iris is found to be attached to the posterior surface of the cornea, and the internal structure of the eye disorganized.

The eye is closed by strips of isinglass plaster, and one-fourth of a grain of sulphate of morphia given to the patient. He should take a mild purgative, and in a few days be put upon the use of tinct. ferri chlor., as he is pale, and evidently in a debilitated condition.

Tertiary Syphilis.

R. E., Thirty-seven years of age. This patient has suffered from a sore throat, for more than a year. Upon looking at the parts, a large cavity is seen in the roof of the mouth, and soft palate, through which dead bone has been discharged. He has a node upon the occipital bone; scars, showing the former existence of ulcers over the tibia, and there is tumefaction of the cheek, with an offensive discharge from the nose. All these symptoms are evidences of syphilis. The man says he had a chancre upon the glans penis, followed by a bubo, of both groins, twelve years ago. Tertiary syphilis usually makes its appearance from six to eighteen months after the contraction of the disease, but may occur earlier, and frequently is delayed to a much later period, thirty years or more elapsing. It most frequently attacks fibrous and osseous systems, but may affect the heart, lungs, liver, or spleen; in fact there is hardly an organ or tissue which is not liable to its ravages. Since Ricord proposed the use of iodide of potassium, much success has been attained in the treatment of this disease. Iodide of potassium is not a specific in the true sense of the word, for it does not effectually neutralize the poison, hence it is necessary to combine with it some form of mercury; the best of which is the bichloride, it being the most innocent in its effects upon the system. The bichloride may be given in doses varying from 1-20th to the 8th of a grain,

three times a day, for weeks, or months, without producing any injurious effects.

It is seldom necessary to administer more than eight or ten grains of the iodide of potassium at a dose.

Iodide of sodium answers the purpose equally well, and may be given in doses of six or eight grains, three times a day. It is least liable to disturb the stomach when taken from half to three-quarters of an hour after eating. There is one important indication to be observed in the use of these remedies. If the patient is worn out, and the system in a dilapidated condition, from long suffering, it is necessary first to build up the general health.

R. Potass. iodidi, ℥ij.
Hydrarg. chlor. corrosiv., gr. iv.
Aque, f. ʒiv. M.

Take a teaspoonful three times a day.

The man should also take a glass of milk punch three times a day, live upon a nutritious diet, take moderate exercise, and bathe frequently.

Anchylosis of the Knee-Joint.

Chas. K., three years of age. This is a case of strumous disease of the lower extremity of the femur, followed by partial anchylosis of the knee-joint.

The child being put under the influence of chloroform, the limb is forcibly, but slowly extended, and then placed in an appropriate apparatus for keeping it in its proper position.

Curvature of the Spine.

Emma B., twelve years of age. This is a case of lateral curvature of the spinal column, the result of the softening of the vertebrae, or intervertebral substance.

The child is left-handed, but the spinal column is curved to the right, and has also a slight posterior curvature, differing from the curvature of Pott's disease, in being less abrupt.

The child has a good muscular development, and has the mammary glands singularly large for one of her age, who has never menstruated; the breasts as large as those of a girl of eighteen or twenty. A case of this kind is to be treated by hygienic means, and by the use of an apparatus for supporting the shoulders, and for making counter-pressure upon the curvature.

Partial Anchylosis of the Knee-Joint.

Ambrosia G., six years of age. This patient has suffered from synovitis of the knee-joint, a scrofulous affection, similar to coxalgia in its nature; not always commencing in the synovial membrane, but sometimes in the cartilage or bone itself. The disease in this case has been followed

by contraction of the flexor muscles of the leg, there being also a tendency in the limb to turn outward. The patient being under the influence of chloroform, the limb is forcibly extended, and placed in an appropriate apparatus.

Inverted Toe-nail.

July 5th. John O., twenty years of age, has had two operations performed for the relief of an inverted nail of the great toe, but is still suffering from it. A stout sharp scalpel is carried along the nail on a line with the incurvated edge, the incision being commenced sufficiently far back to divide the matrix. The portion of the nail, including its matrix, is then dissected off. Keep the parts wet with a solution of sugar of lead and opium.

Deformity of the Second Toe.

Thos. B., twenty-two years of age. The second toe of the right foot has a peculiar claw-like appearance, owing to too great tension of the extensor tendon.

The extensor tendon is divided subcutaneously, and the toe secured in its proper position by adhesive strips.

Cystic Tumor of the Neck.

Mrs. F., twenty-eight years of age. This woman has a tumor occupying nearly the whole length of the neck, but situated a little more on the right than on the left side.

The tumor rises and falls during the act of swallowing, being evidently connected with the thyroid gland, which is itself somewhat enlarged.

The tumor fluctuates under pressure. Upon introducing an exploring needle there is an escape of a thin transparent fluid, of a light-yellow color. When the weather is more favorable, it may be necessary to perform an operation for the relief of this woman. In the mean time, try the effects of an application consisting of one part of the tincture of iodine, and three parts of alcohol.

Tertiary Syphilis.

Thos. F., three years of age. This child has several ulcers at the lower part of the leg. The limb at this point is much swollen and discolored. The ankle-joint is involved in the disease.

R. Sodæ iodidi, ʒss.
Hydrarg. chlor. corrosiv., gr. iss.
Aque, fʒiv. M.

Take a teaspoonful three times a day, about an hour after eating.

Gunshot Wound of the Humerus.

F. M., twenty-three years of age, was wounded thirteen months ago, by a musket ball, which passed through the upper part of the arm, injuring the os humeri.

A portion of the bone, about three inches and a half in length, was resected, the line of incision being made in a vertical direction. The wound made by the knife has healed, but there are four openings in the arm which discharge pus. A probe introduced through the openings comes in contact with dead bone.

The opening in front is enlarged with a scalpel, and a piece of dead bone, an inch in length, is removed with the forceps. A bone chisel is introduced successively into each of the other sinuses, and the bone carefully scraped. The imperfectly organized tissues of the orifices are then cut away with a scalpel, and the parts carefully syringed with water.

Erysipelas of the Face.

Louisa D. It will be remembered that this patient was operated upon for the removal of a sebaceous tumor of the scalp, on the 5th day of last April. Since yesterday she has been suffering from an attack of erysipelas. The right ear and side of the face are swollen, tender under pressure, the seat of a burning sensation, and present the characteristic blush of the disease. She is troubled by a headache, dizziness, and buzzing in the left ear. Her tongue is coated and pointed. While sitting in her chair she becomes faint, the color leaves her face, and the erysipelatous blush disappears.

R. Pil. hydrarg., gr. xv.
Pulv. jalap, aa gr. viijss.
Pulv. aloes, gr. iij. M.
Pulv. ipecac.,

Divide into three pills. Take one pill every other night.

R. Tinct. ferri chlor., fʒj.
Quiniae sulph., gr. xx. M.

Take twenty drops three times a day.

Her food must be of a nutritious character, and she should use a moderate quantity of alcoholic stimulants. Apply the tincture of iodine, diluted with two parts of alcohol, to the affected parts.

Paralysis of the Bladder.

An out patient, an old woman, under the care of Dr. Ross, at the Kidderminster Infirmary, says the *Lancet*, was lately under treatment here with hemiplegia and paralysis of the bladder, requiring the use of the catheter. Tincture of perchloride of iron combined with small doses of tincture of cantharides and chloric ether was given. In this case the patient recovered the power over the bladder, proving the great efficacy of the perchloride as a stimulant of the nervous system.

EDITORIAL DEPARTMENT.

Periscope.

Syphilization.

It is almost impossible to now pick up one of our foreign exchanges without finding something in it upon this topic. Our readers are perhaps aware that Prof. BOECK, of Copenhagen, is now in England by invitation, to explain the above procedure which has, according to the Scandinavian Journals, revolutionized there the treatment of Syphilis. The following article from the *Medical Times*, is the best *resumé* of the process we have seen, and we present it entire for our readers.

Mr. HENRY LEE introduced to the notice of the Royal Medical and Chirurgical Society of London a patient who had been sent from this country, and who was supposed to have been cured in Norway by Syphilization, under the care of Professor BOECK. Mr. LEE stated that the patient was shown in order that the Fellows might have an opportunity of judging for themselves of the nature of the case, and of the effects of the treatment pursued. He (Mr. LEE) wished to be excused from giving any opinion upon either of these points upon the present occasion. Professor BOECK had honored him by becoming his guest during his present short stay in this country, and he merely wished, as Dr. BOECK was unavoidably absent, to present the patient to the Society in Dr. BOECK's name. He (Mr. LEE) might, however, briefly state the principles upon which Professor BOECK professed to act, and some of the physiological results at which he had arrived. Professor BOECK believes that there are two kinds of infecting sores, one of which appears as a soft chancre, and subsequently becomes indurated. This sore has no period of incubation, and is auto-inoculable. The other infecting sore has a period of incubation from two to four weeks, is not generally auto-inoculable, and secretes only thinnish pus or a serous fluid. It was with this last named secretion that Professor BOECK, as Mr. LEE understood, carried on his process. But inasmuch as naturally the chancre last named produced no inoculable pus, before the process can be commenced an inoculable secretion must be established. This is effected by constantly applying some savine powder to the surface of the sore until an inoculable secretion is produced. This mode of artificially producing an inoculable secretion was based upon an original experiment of his (Mr. LEE's) own, in which he used savine ointment for the same purpose. Having obtained an inoculable secretion from an indurated and naturally non-inoculable sore, Professor BOECK proceeds to make three punctures on the sides of his patient. At the expiration of three days, these points in their turn yield a puriform auto-inoculable secretion. This fresh secretion is then, in like manner, inoculated, and three fresh pustules are produced. In this way the inoculations are continued every third day, the inoculated

matter being always taken from the last formed pustules. It is found that the inoculations continually produce less and less effect, until at last no result follows. In this way a series of some twenty or twenty-five inoculations may be performed with the secretion of a naturally non-auto-inoculable indurated sore. Now, supposing that a series of twenty such inoculations had been performed, the inoculations first made would be sixty days old, and the tenth inoculations in the series would be thirty days old. If, at this time when, in the direct descent, no further effect can be produced with the inoculations last made, some of the secretion be taken from the tenth set of inoculations (thirty days old), that will be found to be inoculable again; and, curiously enough, the series of inoculations from that set may be continued for the same, or very nearly the same, number of times as those previously made from the same source: that is to say—if the total number of the first series of inoculations were twenty, then, if the secretion were taken from the tenth set (then thirty days old), ten more inoculations, and no more, may be produced from this source, so that the number of inoculations in the direct descent and those by collateral branches is in all cases nearly the same. When the life of this germ has been exhausted, some fresh matter is taken from another source, and the process recommenced. Fresh parts of the body—as the thighs—are then taken, and the process repeated until no further inoculations with this kind of matter can be produced upon any part of the patient's body. Immunity from inoculation from this kind of matter, from whatever source derived, has then been arrived at, and the patient is said to be "syphilized." It is found in performing these inoculations, that when a particular series has come to an end—at the expiration, we will say, of the twentieth set of inoculations—in a patient, A, and the same has occurred at the same time in another patient, B, that the sores which are still suppurating in A may, nevertheless, be inoculated on B, and B's sores, which would no longer produce any effect on himself, may nevertheless be inoculated on A. The two series of inoculations, which have come to a natural termination on the patients themselves, may thus be crossed so as to continue. The seed, which will no longer grow in the soil in which it has been so often sown, will, nevertheless, take root in other ground, and, after it has continued there for a certain time, may be re-transferred to its original bed. Thus, in the case supposed, A's first series of inoculations will continue for sixty days, and B's series will continue for the like period. If, then, some matter from one of A's suppurating sores (say, from fifteen set) be inoculated upon B, they will take, and this collateral series may then be continued; and if, in like manner, the secretions from B's fifteenth set be inoculated upon A, the inoculations will take, and the series may be continued. After an interval, the secretions from these collateral series may again be re-transferred to A and B respectively. When a patient has been in this way syphilized so that no further inoculations can be produced from matter derived originally from an indurated chancre, Professor BOECK considers that

he is proof against any fresh infection, and that he is cured of that which he previously had.

After these observations, the patient was, with the permission of the President, introduced to the Society, and the Fellows had an opportunity of investigating his case for themselves. On examining the patient, a small cicatrix appeared on the frænum; this was depressed. On the chest and thighs were a large number of cicatrices, some of them of considerable size, depressed, and showing that there had been evident loss of substance. Very extensive destruction had taken place at the back of the throat, extending forward through the entire length of the soft palate. The nose was depressed upon the right side, showing that there had been loss of substance either in the bone or cartilage in this situation. The upper lobe of the right lung was found to be, in part, consolidated. On the left leg was a circular cicatrix, in the course of the internal saphena vein, the remains of an issue which had been made to cure a chronic ulcer. The history which he gave was, that the ulcer on the frænum, the cicatrix of which was left, appeared in 1855; it remained open six weeks; it was very painful, and bled; it left no hardness. There was some swelling in the groin at the time, and this was treated by the external application of the nitrate of silver. The sore on the frænum appeared some six weeks or two months after he supposed he had exposed himself to contagion. About twelve months after this sore he had severe ulceration of the throat; this got better and worse several times. There was at this period some loss of hair. He never had any eruption on the body, and had never tasted mercury. He was 33 years of age, with a large pupil; "all the family were weak in the chest." Had had ten brothers and sisters, all of whom had died of consumption. The patient, who wore a false palate, expressed himself in the strongest terms as being most grateful to Professor BOECK for having cured him of his disease.

Syncope—Asphyxia—Poisoning.

In the *Dublin Med. Press* Dr. BROWN SEQUARD publishes a lecture on the brain and nervous system, from which we condense some of the closing remarks, eminently interesting and practical:

In cases of syncope—not death, but those conditions which are on the verge of death, and which lead to death, if nothing is done to relieve them—there are very frequently means of restoring life. In animals, very frequently, though the heart is quite stopped, we can by simply pressing on the sternum, and by giving a hard push to the heart, make it beat. It will not beat long if the cause of the syncope is a powerful one; but beat it will, and if the cause of irritation is continued, it will continue to beat, and in that way the patient may be often revived. This is not all. If there is added another most powerful cause of revival, and which is directly the reverse of what JOHN HUNTER did upon himself, when he found he was in a state of syncope one day at College,—if instead of breathing as quickly as possible, the patient's breathing is stopped altogether, just as if we were trying to kill him by suffocation, we revive him by producing a

state of asphyxia, the patient is saved, he will have a struggle, and will come out of it very quickly. Nothing is more powerful to make the heart beat than an accumulation of carbonic acid in the blood. There are other features about syncope of great importance. If there is little blood circulating, you may in a moment throw something like one or even two pounds of blood into the heart by simply pressing on the four main arteries of the body. If you press those four arteries you prevent circulation going on in them, and at once an immense quantity of blood returns from the venous system to the trunk, and there is an immediate revival.

In regard to *asphyxia*, experiments show clearly that of two animals, one of them with its temperature much diminished, the other at a normal temperature, both dipped into water at the same time, the one having its temperature very low will survive the other twice, three times, and sometimes even five times; the duration of life under water being extended sometimes to twelve or fifteen minutes. *The greater the previous diminution of temperature the longer the duration of life.* There is another fact which is a very interesting one. It is well known that persons who have fallen into very cold water have in many cases been drawn out and revived after a number of minutes' immersion. Now, in experiments performed upon animals by applying galvanism to the part, so as to stop the heart's action, which is just the effect a fall into water will produce, we find life will last much longer, the animal will be able to survive a much longer stoppage of the heart's action from having had an attack of syncope just before the asphyxia. This case, then, is exactly the reverse of the former. In one, syncope was cured by asphyxia, in the other asphyxia is less mortal, because syncope previously existed.

In cases of death by asphyxia, if the temperature is low, there is one fact very similar to what we see in cases of sudden emotion producing arrest of the heart's action when the individual falls into cold water, and that is, that in the two cases—diminution of temperature, or dipping into water—the heart beats very much slower. Any patient attacked with asphyxia, whose temperature is much diminished, has a slow beating of the heart, and whose blood is red, is not exactly an asphyxiated patient; there is a mixture of syncope and asphyxia, and the patient has much more chance to recover. If you try to raise the temperature of such a patient, you run the risk of killing him.

Poisoning is often the cause of death by producing such diminution of temperature as is incompatible with life. Take, for instance, two animals which have been poisoned with the same quantity of opium. Supposing the temperature to be cold in the room, lay them both on a table, one covered carefully with warm clothes, the other exposed to the cold, you find, *ceteris paribus*, that the one which is kept warm will survive, while the other will die. This fact we find with almost every poison of an organic nature, that there is considerable diminution of temperature produced, if not *per se* sufficient to cause death, enough, at any rate, to add a powerful

cause to the other causes existing. This diminution of temperature is a feature which we can fight against, and it is therefore of the utmost importance in cases of poisoning to use every means to keep up the temperature of the body.

L.

The (so-called) Siberian Plague.

Dr. BERKLEFF, on his return from St. Petersburg, at a late meeting of the Medical Society of Vienna, gave an account of the "Siberian Plague." The disease so-called, says the *British Med. Jour.*, has, it appears, nothing to do with Siberia. It has been observed in the districts of Novogorod, Petersburg, Twer, etc.; and its origin is thus accounted for. More than one hundred thousand horses and oxen are employed in canal work throughout this marshy country; they are ill fed, and kept in harness eighteen hours a day. Under such conditions, the animals perish by thousands; and, by order of the Government, all such as die of the pustular fever (*Milzbrand*) are to be buried. But usually the skin is sold, and the flesh of the diseased oxen eaten. Of more than three hundred thousand animals which died during the past year, not more than ten thousand were buried. The men engaged in skinning the animals, and even in preparing the skins, have been attacked with malignant pustule (*Milzbrand-karbunkel*). If the carbuncles, etc., thus contracted, be opened early enough, and treated with acids, the disease is usually not fatal; but in those persons who can get no medical aid (as is usual in Russia) there arises a deadly form of typhus fever. Many of the dead animals are thrown into the Neva, the water of which is drunk by the inhabitants. This bad water, together with deficient food and diseased grain, explain, according to Dr. BERKLEFF, the presence of the recurrent fever in St. Petersburg, etc., during the past spring. The occurrence of the "Siberian plague" in man, he says, results immediately through contagion from diseased (*Milzkranken*) animals; malignant pustule being the result. It is probable, also, he adds, that the disease may be spread by gnats and flies from the animals to men; but it is not communicable from man to man.

It is further stated in the same journal that Dr. WHITLEY's report of the St. Petersburg epidemic does little more than confirm the facts already well known. Typhus or typhoid fever commonly prevails in St. Petersburg. In August last appeared a fever new to Russian doctors. Dr. HERMANN, Physician of the Aboukhov Hospital, soon discovered its nature, and declared it to be relapsing or famine fever. Crowding, bad food, and extremes of temperature, were the main causes of the occurrence of the fever, which was, in fact, confined to the poorer classes. In the different hospitals, there were noted, from August 1864 to March 1865, 7097 cases of typhus, and 7625 of relapsing fever—in all, 14,722. Of these, 2034 were fatal—1198 typhus, and 836 relapsing fever. Parotitis was a common accident; but enlarged inguinal glands were much less frequently observed. The relapsing fever resembled precisely relapsing fever as elsewhere observed.

The treatment had no influence in checking the relapses. The spleen was most frequently affected; the liver less so. Dr. WHITLEY remarks, that the mortality in different hospitals was very different, showing in a striking manner how the disease is modified by the circumstances under which the patient lives.

Production of Sex.

Every few years the attention of men of science is called to some new explanation of the difference in the sexes. Among the latest is one advanced by Mr. DE FERRENDI, in a late number of the *Scientific American*.

"For several years," says Mr. F., "I have been in the possession of this knowledge, and being a Frenchman, I had intended to communicate it to the Academy of Sciences at Paris; but illness has prevented my return to France. Fearing that my secret may perish with me, as in the case of SEGARO, I have decided to publish it for the benefit of all civilized people."

"Experience has shown that the theory heretofore prevailing in regard to the production of the sexes is false, and that this which I submit is the only true one."

"It is the male who engenders the substance destined already to be of the masculine sex or the feminine, before the female receives it. The right side apparatus engenders the male, the left the female. By operating a partial castration, therefore, of the male, it is easy for stock breeders to procure offspring all of either sex."

"At La Hotte, near Fort Liberty, in Hayti, this process has been in operation for several years, and for the twelve years that I have watched the result it has never failed."

Danger of Injections into Aneurisms.

A man in the Aix Hospital had a traumatic aneurism of the brachial artery at the elbow-joint. Compression was tried for a month, but failed. M. GOYRAUD therefore injected into the tumor five drops of perchloride of iron. The aneurism at once became firmer, the thrill of it ceased, the pulsation in it was less, but still continued. A second similar injection was therefore tried. Immediately thereupon the whole hand became pale; the sensation in the fingers was most painful; the temperature was lowered. The hand was like that of a dead person. All pulsation of the tumor had ceased. Frictions and hot applications were applied to the hand. On the next day, a blue circle was seen at the finger, and gradually increased. Deep pain was felt in the hand. Eventually the hand was separated at the wrist by dry gangrene, and the man left the hospital cured in a month. The accident was accounted for by supposing that a clot of fibrin had been driven into the ulnar and radial arteries.—*Brit. Med. Jour.*

Turpentine Vapor Bath.

Dr. GILBERT a few days ago read a report to the Academy of Medicine on a paper sent in by Dr. CHEVANDIER, on the use of a turpentine vapor bath in cases of rheumatism, gout, pulmonary catarrh, cramps in the stomach, etc. The p-

tients are exposed for half an hour to the action of the aromatic vapors evolved during the combustion of resinous shavings of the Mugho pine, by means of special fumigatory apparatus. The temperature should never fall below 45° Reamur, (134 Fahrenheit.)

Reviews and Book Notices.

Report of Committee on "Progress of Ophthalmology in the year 1864," to the American Ophthalmological Society. By B. JOY JEFFRIES, M.D.*

This comprises about ten pages of printed matter. First in importance is the publication of "Sydenham Society;" but as the members of the "the results of the labors of DONDEBS, by the new society have probably ere this rendered themselves familiar with the contents of this magnificent volume, it is not necessary, perhaps not even becoming, for your Committee to attempt analysing these studies. p. 336. At page 338, half a page is given to "Ophthalmic Photography." The author states that "the fundus of the human eye has not yet been photographed, yet we cannot doubt but that it will be done." p. 339. Then follow short notices of "Autophthalmoscopy and Entropics," which we doubt not every member of the Society knows, and has read the same things in the *Ophthalmic Journals* and *Carter's* edition of ZANDER, while there is not a single suggestion or new observation. He then gives the theoretical views of MULLER and RILTER, as to "the function of the separate portions of the nervous structure of the retina." p. 340. At page 341, he notices as new the "Binocular Ophthalmoscope." Now this form of Ophthalmoscope was invented by Dr. TEULON in 1862, a full notice of which was published by Dr. CARTER, in the *London Lancet* for March, 1863, and a full illustration and description of the most improved form made by Messrs. MURRAY and HEATH, of London, will be found at page 252, of *Hogg's Manual of Ophthalmoscopic Surgery*, London, 1863. Pages 342-3-4 are devoted to the Physiology and Theory of Vision, with a Bibliography of German and English books, but not a single book or paper of American origin. We think the Committee might have enlightened the mere doctor in medicine in regard to many subjects which he is at present in doubt about. As for instance, the advance in treatment of "Granular Ophthalmia," "Iritis and Scleritis," the success of "Iridectomy and Iridesis" in glau-

coma, the best form of Ophthalmoscope, and many other practical questions, showing that we have made with our new aids to diagnosis, a step forward in the treatment of defective and impaired vision, for the aim and end of all our aids. In conclusion, we do not recognize the necessity for, or the special value of this report, as every word of it has already been published.

L T.

Companion Poets for the People, in Illustrated Volumes. Paper, 50 cts. per volume. Boston; TICKNOR & FIELDS. 1865.

The volumes already issued of this series are:

Household Poems. By H. W. LONGFELLOW.

Songs for all Seasons. By ALFRED TENNYSON.

National Lyrics. By JOHN G. WHITTIER.

It is with real pleasure we hail these simple unpretending volumes. The publication of the poetic thoughts of the best writers, in a style at once pleasing, portable, and inexpensive, is no less than a national good. These little books will be broadcast over the land. What more convenient to slip into the traveling bag on a pleasure excursion or business trip? What more suitable to mail to that distant country house, as a reminder of a city friend? What more likely to prevent the formation in youth of a prurient taste for "Dime Novels," and yellow-covered literature, than ready access to the pure and ennobling thoughts of our standard writers?

It has always been a source of regret to us, to see the best, real, live books consigned to "lie in state" on the parlor table, every inch of their elaborate and delicate ornamentation saying, "touch me not." This series of TICKNOR & FIELDS' need not be banished to the parlor, but can be in the sitting-room, the kitchen, the workshop—"Companion Poets of the People," children, and all.

Of the above works, we have received "Songs for all Seasons," by TENNYSON, and "National Lyrics," by WHITTIER. They are elegantly illustrated and printed on beautiful tinted paper, and the very low price brings them within the reach of everybody. We bespeak for these works a wide circulation.

"The Man without a Country," is the title of a very exciting and seasonable story republished from the pages of the *Atlantic Monthly*, by TICKNOR & FIELDS. Pp. 23. Price 10 cts.

M. DE MORTILLET positively asserts that the application of the wax of the ear to the injured part will cure the deadly sting of a poisonous fly.

* New York Medical Journal, August, 1865.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 26, 1866.

PROFESSIONAL ETIQUETTE AND THE PRITCHARD POISONING CASE.

The good people of Great Britain have of late been not a little exercised over a case of poisoning. A Dr. PRITCHARD, said to be a regularly educated physician and surgeon, and one of the most exemplary citizens of Glasgow, poisons his wife and mother-in-law by small and frequently-repeated doses of antimony.

The poisoning is very clearly proven, and directly traced to the Doctor. A sufficient motive is apparently wanting, for he came into possession of no money. It is, however, assumed that he was prompted to the deed by reason of illicit intercourse which he had had with the seryant-maid, and which had come to his wife's knowledge.

But the interesting point of the case, to the medical profession, is in the evidence of Dr. PATTERSON, a professional *confrère*, who was called in consultation with Dr. PRITCHARD. This Dr. PATTERSON swore that he knew from the symptoms that the patient was undergoing a process of antimonial poisoning, but *professional etiquette prevented him from any interference in the case.*

The position assumed by Dr. PATTERSON is not only wholly untenable on any grounds, but is alike unprofessional. Professional etiquette is something imperfectly understood by the people at large, and consequently is the subject of no little popular ridicule, not to say animadversion, and were it to cover such a false and morally wrong reticence as that evinced by Dr. PATTERSON, it would be very justly a matter for public censure.

But there is nothing in the code of professional ethics which requires of a physician that he be accessory to a crime or murder in the course of commission. A consulting physician is not to publicly criticise the practice of a physician who may be the attendant in the case under consultation, even though the treatment may not be just what he would pursue; but when a great crime is being committed, when a murder most diabolical is being perpetrated, and he sees and knows it, morally and professionally he has no right to keep silence.

The idea is monstrous. For a man, not to say a physician, to stand by the bedside of a patient, and know that slowly and deliberately she is being poisoned to death, is a damning crime which no Hippocratican oath, no code of professional

ethics ever would or could sanction. It is an idea which will be utterly scouted by the profession, as well as by the people, and one which should and will meet with public reprobation by the medical world.

Dr. PRITCHARD has paid the penalty of the crime of which the profession must hold Dr. PATTERSON to be little less guilty if the evidence he gave is to be accepted. It has, however, occurred to us that Dr. PATTERSON's suspicion of poisoning may have been an afterthought, and his evidence given, without sufficiently weighing its criminal bearing upon himself, in order to screen himself from criticism for failing, while in attendance, to discover the true nature of the case.

THE HOUSE OF LEA & BLANCHARD.

There is not one of our readers to whom the names of LEA & BLANCHARD are not familiar, as connected with the publication of medical works. They do the chief medical book publishing business on this continent. We are chiefly indebted to the Publisher's Circular for the following brief outline of the history of this establishment. The house was originally established by Matthew Carey, who came to this country from his native city, Dublin, in 1783. He was a great writer and controversialist, and published many works. His son, Henry C. Carey, became associated with him in business about the year 1821. Mr. H. C. Carey has gained a world-wide celebrity as a political economist. The style of the firm at this time was M. Carey & Sons. In 1824 Matthew Carey retired from the firm, and in 1827 Mr. Edward L. Carey became a partner, the style of the firm being Carey, Lea & Carey. Two years later E. L. Carey formed an association with Mr. A. Hart, to carry on the retail business of the firm, leaving the old firm with the title of Carey & Lea. In 1833, Mr. William A. Blanchard, who had entered the service of the firm as a boy in 1815, became a partner, and the style of the firm was changed to Carey, Lea & Blanchard. In 1837 Mr. Henry C. Carey retired, and the business was conducted till 1851 in the name of Lea & Blanchard, when Mr. Isaac Lea retired, and his son, Henry C. Lea, became the junior partner, and the title of the firm was reversed, and the house was known as that of Blanchard & Lea until recently by the retirement of Mr. William A. Blanchard and the accession of his son, Mr. Henry Blanchard, as junior partner, the title of the firm is again changed to Lea & Blanchard.

This firm, though often charged with want of liberality in its dealings with authors, has however, always maintained a high character for in-

tegrity. Several of its members have been distinguished as writers, and one of them, Mr. Isaac Lea, is prominently known as a student of natural science, and a contributor to our fund of knowledge on some of its branches. He is, we believe, an active member of the Academy of Natural Sciences in this city, and has contributed to that and other scientific bodies and journals, numerous monographs and essays, which have rendered him an authority in the branches to which he has directed his researches.

The medical profession is under obligations to this house for keeping one of the principal fountains of medical literature pure and unadulterated. In our editorial experience of fifteen years, we do not remember an instance of their departure from the paths of legitimate medical literature. Their representative serial publication, *The American Journal of the Medical Sciences*, is the only quarterly medical journal now published in this country. It is well known to most of the profession of the country. Long may the firm live to publish good medical books, especially good *American* books.

Notes and Comments.

Philadelphia County Medical Society.

The above Society will hold its first conversational meeting of the series for the coming winter, on the second Wednesday evening (the 13th) of September. The subject selected for discussion is Typhus Fever. It will be introduced by a paper from Dr. D. FRANCIS CONDIE, who is well known to the profession as having had large experience in the treatment of this disease.

Typhus fever having prevailed to a certain extent in this city during the past year, the subject will be likely to add interest to this, the initial meeting of the series, and bring together a large representation of the members.

The Dental Cosmos.

We have had occasion to say before now that this is the best edited journal that we know of. A change has lately occurred in the editorship, which will add still more to its editorial value. Dr. J. D. WHITE having withdrawn, his place has been supplied by Dr. J. H. MCQUILLAN, who will conduct the more strictly original and dental department, while Dr. GEO. J. ZIEGLER will, as he has so ably done heretofore, continue to supply the "Periscope of Medical and General Science in their Relations to Dentistry." Dr. MCQUILLAN is already favorably known as a writer and teacher

in connection with the science of which he is such an enthusiastic admirer.

Insect Enemies of Fruit, etc.

Dr. ISAAC P. TRIMBLE, of Newark, N. J., has in press a complete practical treatise on the Insect enemies of Fruit and Fruit trees. The work is to be a handsome quarto, illustrated with eleven colored Lithographic plates. Published by subscription only, by Wm. Wood & Co., 61 Walker street, N. Y. Price, \$8 and \$5, according to style of getting up.

Wine on the Sideboard.

Last week we published an item in regard to providing an asylum in Edinburgh for women from the higher ranks of society who have formed habits of intemperance. Here is an item on the same subject, only much nearer home:

"It was stated, at the Temperance convention at Saratoga, that the names of thirteen hundred rich men's daughters, in New York, are on the list of applicants for admission to the Asylum for Inebriates at Binghampton, in that State."

Mortality of Providence, R. I.

The mortality of Providence, Rhode Island, for the month of July, was 128, or 34 more than in the previous month; ten less than in July, 1864; and 37 more than the average for July during the last ten years.

There were 24 deaths from cholera infantum, 4 from diarrhoea, and 13 from dysentery, 10 from whooping cough, and 8 from scarlet fever.

News and Miscellany.

Description of a Rebel Hospital.

Mr. FREDERICK K. KNAPP, superintendent of special relief of the U. S. Sanitary Commission, gives the following description of a rebel hospital in the vicinity of Richmond, soon after the occupation of that city by the national forces:

Jackson Hospital, as established and conducted by the rebels was excellent; in some respects, few military hospitals of our own surpass it. It was excellent in its general plan of organization; in its location and its arrangement of buildings; in its administration; in its thorough policing; in the exceeding cleanliness of its bedding, and in the very liberal provision made by the rebel government for the hospital fund.

Jackson Hospital comfortably accommodates 2,500 patients. Winder Hospital, which is near by, but which I did not visit, is said to be similar to Jackson Hospital in general arrangements and capacity, but inferior in its situation and its appointments. The buildings at Jackson Hospital are much like our usual wooden hospital barracks,

well arranged, and well warmed and lighted, the floors nicely scoured, and the walls, in many wards, covered with canvass, which was painted white. The bedsteads were only wood, but were kept very white, and on each was both a straw bed and a cotton mattress, and two feather pillows with nice pillow-cases. The sheets, and blankets, and bed-spreads were unusually clean, and bore marks of being carefully looked after. The cleanliness of the bed-linen was accounted for by the large laundry, where sixty laundresses were constantly at work. The laundry was provided with a long row of fixed tubs, into which the water was brought by pipes, and ample provision was made for heating water, heating irons, etc.

This laundry had its tenements near by for the women employed there, where they seemed comfortable in their quarters, and neat in personal appearance. At the hospital, beside the medical corps and nurses, and the two matrons to every ninety patients, there were in each section a chief linen matron and a chief culinary matron, with their two assistants. In each section was a kitchen for special diet, with four to six stoves—this besides the general kitchen attached to each section. The special diet list was posted in all the wards, and seemed liberal and aiming to secure variety. The dispensaries were well fitted up, and the persons in charge said, in answer to my inquiry, that, excepting a deficiency at times in some few articles, their supply has been good. The linen rooms were kept in the neatest order, and seemed to have been unusually well filled. The baggage rooms were like the rest, clean and well arranged. The dining-rooms of each section, where the convalescents ate, were also kept well, and the tables neat and bearing marks of care and comfort, and convalescents who had been there some months assured me that their fare was, on the whole, excellent. There were no covered walks connecting the different buildings in the section with the dining-rooms, nor were there any "tramways" from the kitchens to the wards, but the walks were hard and clean, and the drains deep and free. At the head of each section were neat buildings, one of which was occupied by surgeons, others by matrons and women assistants. Those buildings with their whitewashed fronts and green blinds, and patches of grass, had a look of comfort. There was no general method of carrying water by pipes over the different buildings, consequently there was no provision for bath-rooms in the several wards—a decided deficiency; but good water for ordinary use was furnished by wells. The water-closets for convalescents were located where a running stream carried off the deposits.

Within the hospital grounds and near by was an open grove of large trees, with grass beneath, neatly kept. At the further end of this grove was one of the two large ice-houses which supplied the hospital, each 30x30 feet, and 18 feet deep. They are both now filled with solid ice, well protected. A little way from the hospital on the other side are large sheds and a barn, also a dairy-house, with the cold water of the melting ice of one of the ice houses flowing through it. At this dairy in summer they have had sixty cows, pastured near by, to furnish fresh milk,

and at times fresh butter also, to the patients. The refuse from the barn-yard goes to enrich the hospital garden of three or four acres, which the Surgeon formerly in charge told me had become very productive.

Near the dairy-house stands a large bakery, at present not used, with capacious ovens, where formerly, as the man in charge stated, they turned out sixty thousand pounds of bread per day.

To the above memoranda is to be added this most important fact, viz.: that the rebel government, in making provision for the "Hospital Fund," added one hundred per cent. to the usual army ration. Thus was furnished large means for purchasing extra supplies.

Such, roughly sketched, is the record of Jackson Hospital, as it had been during the past year or more; while near by, all the time, was Belle Isle, with its shelterless and starving thousands of Union prisoners.

The Cholera in Egypt.

The following are some details of the cholera in Alexandria:

On the 20th of June the number of cases of cholera which had proved fatal in Alexandria was upward of sixty. From that date to the 24th the average number of deaths was eighty-five per diem, making a total of 857 since the outbreak of the epidemic.

At this date a violent *chamsin* arose, which continued with great intensity until yesterday. The appearance of this oppressive and dangerous south wind is very rare at this advanced season of the year, but at this particular time such an occurrence was a most unfortunate complication of matters, and was attended by a sudden extension of the epidemic. On the 25th the official list shows the mortality to be 183; on the 26th, 193; on the 27th, 208; on the 28th, 214; on the 29th, 209; on the 30th, 197; on the 2d of June, 196; on the third, 228; on the 4th, 176; on the 5th, 118; on the 6th, 132; on the 7th, 142. It is believed that the mortality is much greater than stated by the above-mentioned official reports; but, on the other hand, the surmises of an excited and panic-stricken population are doubtless exaggerated and unreliable. According to popular estimates, the official numbers should be quadrupled.

It cannot be doubted that such a rapid spread of the epidemic is to a great extent due to local causes, and principally to the state of the dwellings of the Arab fellahs which are shared alike by man and beast; to the food of these natives, which, especially at the present time, is insufficient and bad; to the putrid water the Arabs are compelled to drink during the low state of the Nile; to the excessive heat; the want of personal cleanliness among them, as well as among the poorer class of Europeans; and, lastly, to the stupid superstition of the Arabs with regard to the sickness on the one hand, and on the other their well-known indifference in the presence of epidemics and death.

It is roughly estimated that between 18,000 and 20,000 European residents have left Alexandria

Every kind of transport has been brought into use to aid their flight, and Syria, the Greek Islands, Italy, and France, are the refuge of these emigrants.

Nine steamers have taken about seven hundred passengers to Trieste.

The epidemic did not long confine itself to Alexandria. It has not only attacked the villages of the Delta, and the towns of Dhamanhur, Tanta, Mansura, and Zagazig, but at Cairo the choleraic symptoms have shown themselves in a manner which gives rise to the most serious apprehensions.

The official reports from Cairo are even less reliable than those issued here. The epidemic came there with the *chamsin*. The population of Cairo is about 300,000.

In Alexandria business is at a complete standstill, and almost all the Arabian bazaars, shops, and offices are closed.

Magnesium.

At the Sorbonne, lately, M. Troost delivered a lecture "On Magnesium and its Applications." After describing its manufacture, he showed the light of magnesium alone, and then of the zinc and magnesium twist devised by M. Lenoux. These two metals burn together freely; the light seems to equal that of magnesium by itself, and is of course much more economical. M. Troost said that a wire, 97 millimètres long and one-third of a millimètre thick, gives the light of 64 candles. He also showed an unpublished experiment of MM. Deville and Caron, who have discovered that the magnesium instantly decomposes the vapor of water. If a current of steam is passed into a tube containing fragments of the metal, the hydrogen may be burnt at the opposite extremity.

Substitute for Court-Plaster.

M. Fort, of Paris, proposes the following compound in lieu of the ordinary court-plaster. Unlike the latter, it is flexible, not subject to cracks, and extremely cheap. Picked gum arabic, 75 grs.; distilled water, 120 grs.; glycerine in sufficient quantity. The gum is dissolved in the water, and to this solution a proportion of glycerine is added, enough to give the mixture the consistence of syrup. The solution is then spread with a camel's-hair brush on very smooth linen, which latter should be first gummed, to prevent the solution from running through the meshes. The operation should be done rapidly, and the number of layers regulated according to the thickness required. It should be cut into strips, and slightly wetted with water before it is used.—*Lancet*.

Sophistication of Wines.

There is in this city, says the *Druggists' Circular*, (New York,) one concern, and probably there may be some more, that makes wine without a drop of grape-juice, and so genuine in appearance that it was used at the great dinner given to the Russian naval officers who visited us a few years ago.

Army Examining Board.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., August 17, 1865.

An Army Medical Board, to consist of Brevet Colonel C. S. Tripler, Surgeon United States Army, President; Brevet Lieutenant-Colonel H. R. Wirtz, Surgeon United States Army; Brevet Lieutenant-Colonel Anthony Heger, Surgeon United States Army; and Brevet Major C. C. Lee, Assistant Surgeon United States Army, Recorder, will meet in New York city, on the 20th of September next, for the examination of candidates for admission into the Medical Staff of the United States Army, and of Assistant Surgeons for promotion.

Applicants must be between 21 and 36 years of age, and physically sound.

Applications must be addressed to the Surgeon-General of the Army, stating the residence of the applicant, and the date and place of his birth; they must be accompanied by respectable testimonials of moral character.

If the applicant has been in the service, he will send the testimonial of the chief medical officer under whom he has served, and if in service at the present time, the application must be sent through the Medical Director of the respective Department.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are now twelve vacancies in the Medical Staff.

J. K. BARNES,
Surgeon-General U. S. Army.

Marriages of Consanguinity.

The *Archives de la Médecine Naval*, of France, contain a scrap of curious information respecting marriages of consanguinity in the black race:

"In 1849 there died at Widah, in the kingdom of Dahomey, a Portuguese trader named Da Souza, well known to all navigators who have visited the Western Coast of Africa. He was an important personage in the country, which he had inhabited many years, and had made an immense fortune by trading with the negroes. On his death, he left behind him a number of children, the issue of the four hundred women kept in his harem. The political policy of the kings of Dahomey being hostile to the establishment of a mixed race, the numerous progeny of Da Souza were shut up in an enclosure by themselves, under the government of one of the sons. Here, subjected to the surveillance of the agents of the king—the most despot of all the monarchs of the earth—these *metis* (people of mixed blood) could unite in marriage only among themselves—in other words, they lived in the most shameless promiscuity.

"In 1863 they counted children of the third generation. The color of their skin was returning rapidly to deep black, though all of them preserved some traits of their European ancestor.

Among all the descendants of Da Souza—we are able to state this from personal observation—forming among themselves unions at once the closest in relationship, and the most monstrous, there are neither deaf mutes, nor blind, nor cretins, nor feeble or deformed from birth."

Pension Examining Surgeons.

The Commissioner of Pensions has appointed the following examining surgeons for pensions:

New York.—D. W. DAY, Arcadia; Z. H. BLAKE, Downsville.

Ohio.—F. E. FRANKLIN, Tiffin.

Assignments of Medical Officers.

Assistant Surgeon W. R. RAMSEY, U. S. Army, has been relieved from duty in the Department of North Carolina, and ordered to duty in New York City. Assistant Surgeon WEBSTER LINDSLEY, has been relieved from duty in the Department of Washington, and ordered to duty with the 1st Battalion of the 12th United States Infantry, at Richmond, Va.

"Traumatizin."

"Traumatizin" is the name of a solution of gutta-percha in chloroform, which is used for the closing of wounds, and answers for this purpose better than collodion, because the latter contracts the skin and thus enlarges the wound. A good formula for preparing the article is, one part of purified gutta percha and twelve parts of chloroform.

Dentistry by Steam.

There is in Pittsburgh a steam dental establishment, under the control of Dr. G. W. SPENCER, which turns out a hundred sets of artificial teeth a week. Dr. SPENCER has nine assistants, the principal of whom is Dr. CHARLES W. HORNOR, of this city.

MARRIED.

EBBS—COLTON.—On Thursday, Aug. 17, at Emanuel Church, Newport, R. I., by Rev. L. P. W. Balch, D.D., Allen Ebbs, of Brooklyn, N. Y., and Jennie N., daughter of Charles Colton, M. D., of Newport.

DIED.

ASHBY.—In New York, on Thursday, Aug. 17, Mrs. Laura C. Ashby, aged 32 years, daughter of the late Dr. Nathaniel Miller, of Fire-place, Long Island.

BISSELL.—On Thursday, Aug. 10, at the residence of her daughter, at Harlem, Ill., Mary Hayes Bissell, widow of the late Emory Bissell, M. D., of Norwalk, Conn., in the 77th year of her age.

COUPER.—Suddenly, at New Castle, Del., on the 12th instant, James Couper, M. D.

DUNHAM.—At Monticello, N. Y., on Friday, August 18th, Arthur Woodruff, only child of Dr. Charles and Elizabeth W. Dunham, aged 13 months and 9 days.

HOUGHTON.—In New York, on Thursday, Aug. 17, after a brief and severe illness, Alfred Henry Houghton, aged 22 years, 6 months, and 6 days, son of A. Houghton, M. D.

MANNING.—At Phippsburg, Me., Aug. 2, Miss Elizabeth S. Manning, of Lowell, Mass., only daughter of the late Dr. P. Manning, of Lowell, aged 34 years.

RICE.—At St. Augustine, East Florida, July 19, Dr. William E. Rice, late of South Boston, Mass.

SINCLAIRE.—At New Rochelle, N. Y., on Sunday, Aug. 20, Thomas Sinclair, M. D., LL.D., in the 69th year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. T. L. U. D. G., Elmira, N. Y.—Turnbull on Deaf and Impaired Vision, do. on Nervous Deafness, sent by mail, August 19th.

Dr. J. J. T., Waynesville, Mo.—Weber's Anatomical Atlas, sent by Express, August 15th.

Dr. J. M. D., Annapolis, Md.—Da Costa's Medical Diagnosis, sent by mail, August 19th.

Dr. R. C. M., Newport, Pa.—Churchill's Diseases of Infants and Children, sent by mail, August 19th.

Dr. J. H. M., Phoenixville, Pa.—History of American Medical Association, mailed August 18th.

METEOROLOGY.

August	14.	15.	16.	17.	18.	19.	20.
Wind.....	N. W.	W.	W.	S. W.	E.	N. E.	S. W.
	Clear.	Clear.	Clear.	Clear.	CPdy.	CPdy.	Clear.
Weather.....							
Depth Rain.....							
Thermometer.....							
Minimum.....	58°	68°	63°	60°	60°	63°	60°
At 8 A. M.....	73	74	71	69	67	70	74
At 12 M.....	77	80	81	76	74	76	83
At 8 P. M.....	78	81	82	76	74	76	84
Mean.....	71.50	75.75	74.25	70.25	68.75	71.25	75.25
Barometer.....							
At 12 M.....	30.1	30.	30.	30.1	30.1	30.1	30.1
Germantown, Pa.				B. J. LEEDON.			

AMERICAN MEDICAL ASSOCIATION.

Members desiring copies of the TRANSACTIONS for 1865, must forward their subscriptions (\$3) immediately, as the number of copies published will be but slightly in excess of the number of subscriptions.

WM. B. ATKINSON,

Permanent Secretary,

215 Spruce street, Philadelphia.

Aug. 12, 1865.

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*** We are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.